





# Electronic Diagnostic Audiology Reporting using HL7 Standards

**March 11, 2025**

**Pittsburgh, PA**

# Learning Objectives



## **Learning Objective 1:**

Participants will be able to describe the development of the HL7 Diagnostic Audiology Reporting standards and how to access it.

## **Learning Objective 2:**

Participants will learn about the process and challenges associated with establishing electronic audiology reporting in Rhode Island.

## **Learning Objective 3:**

Participants will understand the current progress toward electronic reporting from two major hospital audiology clinics.

# Development of HL7 Diagnostic Audiology Reporting Standards - Need



- Lost to documentation for diagnostics is challenging for EHDI programs.
- Electronic transfer from EHRs to EHDI Information Systems (EHDI-IS) could:
  - Eliminate duplicative reporting (EHR and EHDI) for audiologists.
  - Improve timeliness of reporting.
  - Improve completeness of reporting.

# Development of HL7 Diagnostic Audiology Reporting Standards - Need



- HL7 Standards existed for newborn hearing screening but not for diagnostics.
- EHRs need standards so that they don't have to develop different data transfers for different constituents (like EHDI).

# Development of HL7 Diagnostic Audiology Reporting Standards - Process



- National Diagnostic Audiology Reporting Work Group
  - Core Team (CDC EHDI- Xidong Deng, State EHDI – RI and Oregon, PHII – HIT standards Lura Daussat, and HL7 Public Health Work group – Craig Newman)
- Developed interoperability standards to exchange diagnostic audiology data between electronic health record systems and state/territorial EHDI information systems.

# Development of HL7 Diagnostic Audiology Reporting Standards - Process



- Submitted draft HL7 Diagnostic Audiology Reporting Implementation Guide to the HL7 Public Health Workgroup
  - Approved as a “Standard for Trial Use”
- Trial period – try the guide and provide feedback to HL7
  - RI EHDI is working on trial
- [https://www.hl7.org/implement/standards/product\\_brief.cfm?product\\_id=620](https://www.hl7.org/implement/standards/product_brief.cfm?product_id=620)

# Engage Partners



- Talked to potential audiology partners
  - Lifespan
  - Care New England
  - University Otolaryngology
  - Concerns that a future EHR interface could negate all this work and/or they would have to pay for an upgrade/module in EPIC for diagnostic audiology reporting
- Identified and contacted the EHR Partners
  - EPIC
    - Not planning an upgrade/add-on module
  - ModMed

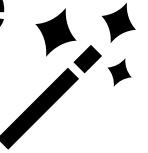




# Audiology Clinic #1 – Hospital Based



## Care New England

- Requested project through IT governance
  - Took quite a while to get approved and scheduled
- Created a flowsheet in EPIC that modeled the DAR workflow at Care New England
  - Didn't require any new module in EPIC
- Connected the flowsheet to an outbound HL7 interface using existing CloverLeaf software (the magic part) 
- Worked together to agree on a transport method
- Sent a successful test message which allowed RIEHDI to create an inbound HL7 interface

# Audiology Clinic #2 – Hospital Based



## Lifespan

- Requested project through IT governance in March 2023
  - Still waiting to be scheduled!!!
  - Hospital IT capacity is the biggest challenge



# Audiology Clinic #3 – Community Based



## University Otolaryngology

- EHR Vendor – ModMed
  - Met with vendor to describe project
  - Expressed interest
    - Preference for FHIR
  - Reviewed several options
  - Currently exploring a FHIR based API

# Development of Inbound HL7 Diagnostic Audiology Reporting Interface



- Built parser using “HAPI” Open Source HL7 Parser Software
  - Similar to what we do for immunizations
- Used CDC SOAP standard for Transport and Authentication
  - Already used by partners for immunizations
- Patient Matching
  - Does not require an exact match
  - Similar to what we do for immunizations
- Required fields
  - Patient, Audiologist, Visit Date, Tests Performed, Diagnosis, **Left & Right Degree and Type of Loss**



# Sample Message



MSH|^~\&||RI88200710|||20240412142947|186|ORU^R01^ORU\_R01|26|T|2.3|||||||  
EVN|R01|20230809104508|||186^AUDIOLOGIST^JOHN^J^^^^^CNE^^^^^134TH  
PID|1|E4775^^^EPIC^MRN~009201968^^^KMRN^KMRN~008411305^^^WMRN^WM  
RN~100736066^^^CMRN^CMRN~9201968^^^^~8411305^^^^|E4775^^^EPIC^MRN~  
009201968^^^KMRN^KMRN~008411305^^^WMRN^WMRN~100736066^^^CMRN^C  
MRN~9201968^^^^~8411305^^^^||PIPER^PETER||19830122|M||CHINESE|22  
PICKLE  
LANE^^PECKVILLE^PA^45678^USA^P^^LAWRENCE|LAWRENCE|(724)567-  
1235^P^PH||ENGLISH|MARRIED|||666-66-6666|||PUERTO RICAN|||||N|||||  
PV1|1||^^^134TH^^^^^^|125931|  
OBR|1||1616520230809104300|||20230809104300  
OBX|1|ST|1^Reason for Visit^OAUD||Failed newborn  
screen||||F|||20230809104300||186^AUDIOLOGIST^JOHN^J^||  
OBX|2|ST|3^Test  
Performed^OAUD||ABR||||F|||20230809104300||186^AUDIOLOGIST^JOHN^J^||  
OBX|3|ST|4^Primary Diagnosis (To be reflective of the primary hearing-related billing  
diagnosis)^OAUD||Sensorineural Hearing Loss, Unilateral, Left Ear, Restricted  
Hearing Contralateral  
H90.A22||||F|||20230809104300||186^AUDIOLOGIST^JOHN^J^||

# KIDSNET: Diagnostic Audiology



## Detailed Audiological Diagnostic Information

Date Tested: **11/23/2022** Audiologist: **CHRISTEN KELLY**  
Primary diagnosis: **Sensorineural hearing loss, bilateral (H90.3)**  
Diagnosis Left: **SENSORINEURAL** Diagnosis Right: **SENSORINEURAL**  
Degree Left: **MODERATE** Degree Right: **MODERATE**  
Reason for Visit: **Failed newborn screen**  
Risk Factors:  
Tests Performed:  
Audiological Recommendation/ **Re-evaluation: Specific Date (01/04/2023)**  
Referral(s) made:  
Amplification:  
Hearing Aid (L): **Date started: 11/23/2022 Discontinued date:**  
Hearing Aid (R): **Date started: 11/23/2022 Discontinued date:**  
Cochlear Implant (L):  
Cochlear Implant (R):  
Secondary ICD10:

# Summary of Challenges



- Final diagnosis type and degree by ear are not a required fields in the HL7 Draft for Trial Use
  - Test messages were not complete (need to establish local guidelines that require type and degree)
- Partners that are not already sending HL7 to RIDOH
  - Hospitals
    - Are sending HL7 Immunization records which we could build on
  - Private Audiology EHRs

# Current Status



- Care New England
  - Waiting to re-establish transport
    - Competing with inpatient Cerner to EPIC transition
- Lifespan
  - Waiting for project to be scheduled by IT
    - Competing with name change in parent company
- University Otolaryngology
  - Exploring FHIR API with ModMed



# Questions?





Rhode Island EHDI

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